



# LIFELINK NEWSLETTER

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## How Often do People Lose Security Clearances because of Mental Health Reasons

By **Navy Capt. (Dr.) Carrie Kennedy**, Director, Deployment Health Clinical Center. View this article in its original form at <http://www.pdhealth.mil/news/blog>.

Psychologists and psychiatrists working in military treatment facilities are often asked to do security clearance evaluations, sometimes referred to as "DoDCAFs" (Department of Defense Central Adjudication Facility). These evaluations can best be conceptualized as forensic or operational in nature, in that the intent of the evaluation is ultimately a question of national security and there is no traditional doctor/patient relationship assumed by either party.

While the mental health professional conducting the evaluation has no decisional role in whether or not individuals gain or maintain a clearance, they are often asked by the individual being evaluated, "Am I going to be able to get a clearance?" or "Am I going to lose my clearance?" The evaluating psychologist or psychiatrist can never answer this question one way or the other. The mental health evaluation comprises only one small piece of the information needed to contribute to the larger scope of these investigations. However, the vast majority of service members can be put at ease by the simple fact that it is a rare occurrence for someone to be denied a clearance or have their clearance revoked due to mental health reasons.

How rare is it? DHCC's Psychological Health Promotion Team, under the leadership of Dr. Mark Bates, conducted an analysis, courtesy of the Personnel Security/Accreditation Division of the Defense Manpower Data Center (DMDC) and the Defense Personnel and Security Research Center (PERSEREC) and identified the following:

- Between 2006 and 2012, only one in every 35,000 people either applying for the first time or seeking to maintain their clearance were either denied a clearance or had their clearance revoked after answering "Yes" to the dreaded Question 21 on Standard Form 86 (the question that pertains to mental health history).
- Further, during that same 6-year time period, of the 85,000 people who were either denied a clearance or had their clearance revoked, only 145 or 0.17 percent of denials and

revocations were due to mental health reasons. That is significantly less than one percent.

These evaluations understandably make people nervous and the stakes involved (e.g., potential loss of career) may make it less likely that people attempting to gain or maintain a clearance will seek mental health care if they need it in order to avoid this level of scrutiny. While an evaluating mental health professional can never say whether or not someone will have problems with their clearance, they can provide the real-world statistics above to both military commanders and service members. This may optimize the chances that service members with security clearances will seek mental health treatment when they need it and that their commanders will be more comfortable encouraging help-seeking behaviors.

Information about answering Question 21 can be found on the Real Warriors Campaign website and the **Center for Development of Security Excellence website**.

**BONUS:** The Every Sailor, Every Day campaign has an infographic that you can share through your command or personal social media accounts or print for posting in common spaces. Visit <https://go.usa.gov/xAM5> to "spread the truth."



# LIFELINK NEWSLETTER

## Lifelink Spotlight

### Sailors Encouraging Sailors to Reach Out

Sailors across the fleet are speaking up about the importance of reaching out for help, supporting one another and breaking the silence surrounding psychological health and suicide.

Last month, Sailors assigned to USS George Washington (CVN 73) wanted to remind their shipmates that "there is always someone to lean on." They published a [Navy.mil](#) story describing the many resources available to their shipmates, serving as a call-to-action to reach out when they need a listening ear and to be there for others who need support. The story highlights local resources including the command psychiatrist, deployed resiliency counselor (DRC) and chaplains. It also reminds readers that proactively seeking help for psychological health concerns can lead to recovery and can help promote a long Navy career, rather than shorten it. Regarding confidentiality, Cmdr. Philip Bagrow, chaplain aboard the GW emphasizes that "chaplains have a confidentiality that no one else on the ship has." Beyond the obligation not to share information unless the Sailor decides otherwise, Bagrow's priority is making sure the Sailor knows that his or her voice is being heard so that they get the most from their time and are better equipped to navigate challenges.

Master-at-Arms 2nd Class Jessica Smedley also recognizes the detrimental impact that silence can have, especially following a suicide. A suicide prevention coordinator and survivor of suicide loss herself, Smedley wrote [an article](#) for the U.S. Naval Institute's Proceedings Magazine encouraging commands, leaders and individuals to take time to have honest discussions following this type of loss to promote cohesion, healing and further prevention.

"Survivors of another's suicide feel the pervasive and damaging impact of avoidance," Smedley states in the article. "In the most practical sense, it creates workplace confusion....Culturally, it reinforces stigmas of shame and immorality." She noted that this avoidance alienates survivors and builds barriers to seeking help.

Smedley encourages all to keep suicide as a part of ongoing dialogue, not just during general military trainings. She implores commands to "say it like it is," which, she emphasizes, doesn't need to include graphic details but should normalize the word "suicide" to thwart shame among survivors and those at risk. She offers that a person's manner of death doesn't mean their life meant less and doesn't mean others are not experiencing pain. While there may not be a perfect script to alleviate grief, the acknowledgement and shared experience can strengthen the ongoing healing process and set the stage for further prevention. Smedley also highlighted Navy's new Sailor Assistance and Intercept for Life (SAIL) program as a beacon of hope for Sailors who have experienced suicide related behavior.

Bravo Zulu to these Sailors for leading the charge when it comes to speaking up about suicide and seeking help.

## Plan of the Week Notes

Below are sample Plan of the Week notes aligning with topics covered by the Every Sailor, Every Day campaign during the month of March:

1. Not only does proper nutrition help you maintain a healthy weight, it also can help stabilize your mood. Nutrient-dense foods, such as 100-percent whole grains, lean protein, fruits and vegetables fuel your body and mind in ways that can help you boost your health, navigate stress and balance your mood: <https://navstress.wordpress.com/2015/08/13/food-and-mood-eat-healthy-mitigate-stress/>
2. When you sleep your brain goes through a "wash cycle," removing toxins that can lead to or aggravate both physical and mental illnesses. Strengthen resilience and promote well-being with these tips for a good night's sleep: <https://navstress.wordpress.com/2015/07/16/recharge-your-resilience-with-a-good-nights-sleep/>
3. Too much caffeine has been linked to increased levels of anxiety that can produce unwanted symptoms of apprehension, agitation and uneasiness. High-caffeine intake can cause dehydration, and can negatively affect memory and attention; both important in an operational environment. Caffeine can also interfere with a good night's sleep - a key to staying healthy and alert. Try swapping one cup of coffee each day for 12-ounces of water to optimize your hydration and natural energy levels.
4. Navy chaplains provide confidential support regardless of religious beliefs and cannot be compelled by commanders, medical professionals or others to disclose what a service member or family member shares in confidence. To locate the nearest chaplain or request chaplain support, call 1-855-NAVY-311, email or text [Navy311@navy.mil](mailto:Navy311@navy.mil), or visit [www.navy311.navy.mil](http://www.navy311.navy.mil).

## National Sleep Awareness Week

March 6th - 13th marks National Sleep Awareness Week, sponsored by the National Sleep Foundation. According to the 2011 DoD Health Behaviors Survey of Active Duty Personnel, less than 50 percent of active duty service members are getting the minimum recommended seven hours of sleep per night. This increases risk for a myriad of physical and psychological health issues, including depression, anxiety and suicide. Check out [this post](#) on the NavyNavStress blog for small acts to beat fatigue and get more rest. For operational tools to optimize performance, visit the [Crew Endurance website](#).



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## News and Resources

Partner with DVBIC to Promote Brain Injury Awareness Month  
[DCoE Blog](#)

From the Deckplates, Silence Kills Proceedings  
[HPRC](#)

6 Ways to Spring Performance Forward  
[HPRC](#)

Good Nutrition can Keep You Healthy from the Neck up, too  
[NavyNavStress](#)

Strategies for Coping with Flashbacks  
[Real Warriors](#)

Can you get a Good Night's Sleep in the Military  
[DCoE Blog](#)

30 Ways in 30 Days: Stretch your Fruit and Vegetable Budget  
[CDC](#)

Test your Fatigue Level  
[Crew Endurance](#)

Alternative Watch Schedule:  
3/9 Rotation Info Sheet  
[Operational Stress Control](#)

## Current and Upcoming Events

**National Sleep Awareness Week**  
March 6-13

**National Nutrition Month**  
March

**Brain Injury Awareness Month**  
March

**Alcohol Awareness Month**  
April

**Sexual Assault Awareness and Prevention Month**  
April

SPC Training Webinars  
March 23, 1000 CT  
April 20, 1200 CT  
[Register here](#)

## The Costs of Hidden Sugars

The average American eats about 5,000 tablespoons of sugar per year, amounting to roughly 152 pounds (or the weight of one person). That's three pounds or six cups of sugar per week! Many of today's health disparities are related to the increased consumption of added sugar and refined fats, including the rise of diabetes, hypertension and childhood obesity.

Unlike naturally occurring sugar – such as the sugar found in milk or fresh fruit – added sugars are those that do not naturally occur in the food themselves. Rather, these sugars are added to a food or beverage during processing or preparation before packaging. Added sugars appear in many forms and often crop up unexpectedly, along with added fats and other harmful ingredients. We consume them so frequently that our bodies begin to crave them, deteriorating our health while boosting the packaged and fast food industry's profit margins.

You may have experienced the power of a sugar craving and chalked the urge up to your "sweet tooth." But you may not be aware of how addictive these sugars actually are. Studies have shown that Oreo cookies are more addictive than heroin. The brain views sugar as a reward, so the more we eat it, the more we want. Since the 1970s, added sugar intake in the United States has risen dramatically. The increased consumption of High Fructose Corn Syrup (HFCS) – the prevailing sweetener used to flavor popular beverages in the United States – has been found to mirror the growth of the obesity epidemic.

Finding ways to cut down or eliminate added sugar from your diet can be tricky if you don't know what to look for (not all sources are as obvious as Oreos). Here are a few facts and FAQs to help you uncover hidden sugars and make more informed decisions.

**Added sugars hiding out on your food labels go by different names. Here are just a few to look out for (there are more!):** anhydrous dextrose, brown sugar, corn syrup, dextrose, high fructose corn syrup, honey, molasses, evaporated cane juice, maltose, nectar and allulose.

**Know the foods that often have sugars added to them.** This includes peanut butter; salad dressing; cereal; protein, energy drinks and electrolyte drinks; sauces; flavored chips; yogurt; frozen meals and more. Be sure to read the labels to look for the aliases above.

**Know how much sugar is recommended and safe to consume.**

Dietitians and other health experts recommend getting ten percent or less of your daily calories from sugar. This equals 13.3 teaspoons of sugar per day if you're consuming 2,000 calories. Beware, the average 12-ounce soda contains 16 teaspoons of sugar! Just one soda per day could lead to a weight gain of 15 pounds in a year.

**Learn how to read the ingredients list.**

Names of ingredients are listed in the order of the amount that the food contains, from the most to the least. For example, the Kellogg's Raisin Bran Crunch ingredients list begins with whole grain wheat, sugar, raisins, and rice. The most abundant item found is whole grain wheat, the second most abundant is sugar and so forth. This cereal, marketed as "healthy," contains an additional five types of added sugar. Not quite as healthy as you may have thought.

**So, what can I eat?**

Practice small swaps to help you see progress, such as exchanging your lunchtime soda for twelve ounces of water, or packing fresh fruit and nuts rather than heading to the vending machine during your mid-day slump. Weaning yourself off of sugar isn't easy, but you can find balance by integrating more complex carbohydrates (such as whole grains) into your diet and allowing yourself a small treat every once in a while rather than quitting "cold turkey."

Sugar takes a toll on the body *and* mind, with the slump following a sugar rush possibly accelerating mood disorder symptoms. It's also been shown to negatively impact memory. With excess sugar leading to short-term impacts, such as weight gain, and long-term impacts that can shorten your lifespan, such as diabetes, it's increasingly important to pay closer attention to what you eat. For more information, check out the healthy eating resources at [Navy & Marine Corps Public Health Center, NOFFS Fueling Series](#) and [eatright.org](#).

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